Appendix 14
Reading the Eligibility/Authorization Report

Provider Number
This column shows the nursing home's eight-digit provider number.

Recipient Name
This column shows the recipient's last name, first name, and middle initial as it appears on the recipient's identification card.

Recipient Number
This column shows the recipient's 10-digit identification number as it appears on the recipient's identification card.

ELIGFM (Eligibility From)
This column shows the date eligibility was granted (in MMDDYY format) under the recipient's identification number.

ELIGTO (Eligibility To)
This column shows the date (in MMDDYY format) eligibility was terminated under the recipient's identification number.

AUTHRZD (Authorized)
This column shows the last authorized level of care listed on EDS files. The levels of care are listed in Appendix 15 of this handbook.

AUTHFR (Authorization From)
This column shows the date (in MMDDYY format) that the level of care was granted for the recipient.

AUTHTO (Authorization To)
This column shows the date (in MMDDYY format) that the level of care was terminated for the recipient.

Providers must verify:

♦   The recipient's Medicaid identification number and effective date(s).
♦   The recipient's level of care and effective date(s).
♦   The recipient's liability amount and effective date(s).

If the recipient's identification card does not match the information on the eligibility authorization report, the provider must contact the county agency and request an update for the period of eligibility in question. The addresses and telephone numbers of all county agencies are listed in Appendix 8 of Part A of the provider handbook.